HERITAGE OF ELMWOOD NURSING HOME

P. O. BOX 86

ELMWOOD 54740 Phone: (715) 639-2911 Ownershi p: Ci ty Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Yes Number of Beds Set Up and Staffed (12/31/01): **59** Total Licensed Bed Capacity (12/31/01): 68 Title 19 (Medicaid) Certified? Yes Average Daily Census: 51 Number of Residents on 12/31/01: 55 *********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)			
Home Health Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	27. 3
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	1.8	Under 65	5. 5	More Than 4 Years	41. 8 30. 9
Day Services	No	Mental Illness (Org. /Psy)	65. 5	65 - 74	7.3		
Respite Care	No	Mental Illness (0ther)	3. 6	75 - 84	20.0	I	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	60. 0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	7. 3	Full-Time Equivaler	
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	3. 6		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	7. 3	65 & 0ver	94. 5		
Transportati on	No	Cerebrovascul ar	1.8	[*]		RNs	6. 2
Referral Service	No	Di abetes	3. 6	Sex	%	LPNs	10. 6
Other Services	No	Respi ratory	3. 6		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	9. 1	Male	20.0	Ai des, & Orderlies	59. 2
Mentally Ill	No			Female	80.0		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther]	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	100. 0	269	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	1. 8
Skilled Care	0	0.0	0	37	90. 2	105	0	0.0	0	13	100.0	122	0	0.0	0	0	0.0	0	50	90. 9
Intermedi ate				3	7. 3	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	2. 4	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		41	100.0		0	0.0		13	100.0		0	0.0		0	0.0		55	100. 0

HERITAGE OF ELMMOOD NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	i ons, Servi ces,	and Activities as of 12/	31/01
Deaths During Reporting Period	·						
		ľ		9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	si stance of	% Totally	Number of
Private Home/No Home Health	18. 4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	6. 1	Bathi ng	0.0		89. 1	10. 9	55
Other Nursing Homes	4. 1	Dressi ng	10. 9		78. 2	10. 9	55
Acute Care Hospitals	69. 4	Transferring	43. 6		45. 5	10. 9	55
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 5		63. 6	10. 9	55
Rehabilitation Hospitals	0.0	Eating	78. 2		10. 9	10. 9	55
Other Locations	2.0	*********	**********	******	******	*******	*****
Total Number of Admissions	49	Conti nence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	7. 3	Receiving Res	spi ratory Care	7. 3
Private Home/No Home Health	27. 7	Occ/Freq. Incontinent	of Bladder	38. 2	Receiving Tra	acheostomy Care	0. 0
Private Home/With Home Health	34. 0	Occ/Freq. Incontinent	of Bowel	32. 7	Recei vi ng Suc		1. 8
Other Nursing Homes	0.0	_			Receiving Ost	tomy Care	0. 0
Acute Care Hospitals	4. 3	Mobility			Recei vi ng Tul	be Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	5. 5	Receiving Me	chanically Altered Diets	43. 6
Rehabilitation Hospitals	0.0						
Other Locations	2. 1	Skin Care			Other Resident	Characteri sti cs	
Deaths	31. 9	With Pressure Sores		5. 5	Have Advance	Directives	100. 0
Total Number of Discharges		With Rashes		5. 5	Medi cati ons		
(Including Deaths)	47	ĺ			Receiving Psy	ychoactive Drugs	58. 2
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